

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	

Date Stamp
RECEIVED AND FILED
In the Office of the Secretary of State
of the State of California

CALIFORNIA FORM 410

For Official Use Only

JUL 20 2022

JUL 26 2022

REGISTRAR OF VOTERS

1. Committee Information		I.D. Number (if applicable) 1410836	2. Treasurer and Other Principal Officers		
NAME OF COMMITTEE <i>Anne Figueroa for RSM City Council 2022</i>		NAME OF TREASURER <i>Lorraine Briesacher</i>			
STREET ADDRESS (NO P.O. BOX) <i>Rancho Santa Margarita, CA</i>		CITY <i>Rancho Santa Margarita</i>	STATE <i>CA</i>	ZIP CODE <i>92688</i>	AREA CODE/PHONE <i>(949) 9496361422</i>
CITY <i>Orange</i>		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <i>annedfig@cox.net</i>		CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE <i>Orange</i>		NAME OF PRINCIPAL OFFICER(S)			
JURISDICTION WHERE COMMITTEE IS ACTIVE <i>City of RSM</i>		STREET ADDRESS (NO P.O. BOX)			
		CITY	STATE	ZIP CODE	AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.					

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7/13/22

DATE

By Lorraine Briesacher

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

7/13/22

DATE

By Anne Figueroa

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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I.D. NUMBER

1410836

COMMITTEE NAME	Anne Figueira for RSM City Council		
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
South County Bank / Bank of Southern California	949 766 3015		
ADDRESS	CITY	STATE	ZIP CODE
Rancho Santa Margarita, CA 92688			

4. Type of Committee Complete the applicable sections

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	
Anne D Figueira	City Council	2022	Nonpartisan	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

		SUPPORT	OPPOSE
		SUPPORT	OPPOSE